Adult Trauma Emergencies: Traumatic Brain Injuries (TBI)

I. All Provider Levels

1. Refer to the Trauma Assessment Protocol.
2. Take necessary C-Spine precautions to manually immobilize the patient.
3. Administer 100% Oxygen by Non-rebreather face mask.
4. Assess and document pupillary response and Glasgow Coma Score.
5. Initiate advanced airway management with Combi-tube.

Note Well: *EMT-I and EMT-P should use ET intubation.* ***Do not nasally intubate patients with maxial-facial trauma or evidence of a basilar skull injury!***

Note Well: *If the patient presents with any of the below signs and symptoms consider advanced airway maneuvers and* ***hyperventilate the patient****;*

- *An SP02 <90%*
- *GCS<9*
- *Persistent seizures without a lucid period*
- *Pupils that are;*
  - ✓ *Non-reactive*
  - ✓ *Dilated*
  - ✓ *Asymmetric*

Do Not Hyperventilate the patient unless the patient shows advanced signs and symptoms of cerebral herniation as outlined above!

Normal Ventilation Parameters

Adult:	*10-12 ventilations per minute*
Child:	*20-22 ventilations per minute*
Infant:	*24-26 ventilations per minute*

II. Advanced Life Support Providers

1. Attempt IV access at KVO rate only once en-route to hospital.

> **Note Well:** *If the patient is entrapped and will require a prolonged extrication, IV access may be attained on scene.*

2. Should the patient exhibit signs and symptoms of inadequate perfusion and have a systolic blood pressure of 90 or below, administer 250 cc bolus of normal saline, up to 1000 cc .

> **Note Well:** *Run IV at KVO rate for those patients with renal failure.*

III. Transport Decision

1. Transport immediately to closest open trauma facility

IV. The Following Options are Available by Medical Control Only

1. Diazepam, 2.0 - 5.0 mg. Slow IV push to a maximum of 10.0 mg.

2. Midazolam, 1.0 - 2.0 mg. IVP to a maximum of 5.0 mg